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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/919,605	07/30/2001	Anthony F. Istvan	20643/1205190-US4Digeo 3132 17		
60539 Digeo	7590 04/15/20	80	EXAMINER		
c/o DARBY &	- -	OSMAN, RAMY M			
P.O. BOX 770 Church Street Station			ART UNIT	PAPER NUMBER	
NEW YORK, N	NEW YORK, NY 10008-0770			2157	
			MAIL DATE	DELIVERY MODE	
			04/15/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intoniou Summan	9/919,605 ISTVAN, ANTHONY F.		DNY F.
Interview Summary	Examiner	Art Unit	
	RAMY M. OSMAN	2157	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>RAMY M. OSMAN</u> .	(3)		
(2) <u>Bruce Black (41622)</u> .	(4)		
Date of Interview: 07 April 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	²)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The Office of Attorney Brapplication</u> . A notice of abandonment is thus being sent.			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTEL A STATEMENT OF THE SUBSTANCE OF THE INTEL requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)